Republic of the Philippines LOCAL GOVERNMENT UNIT OF GUBAT Manook St., Gubat, Sorsogon

Notice of Award

November 15, 2023

MONINA LUTH AVILA LLORIN CLMA PHARMACEUTICALS #978 Panganiban Drive Lerma, Naga City

Dear Ma'am:

We are happy to notify you that your Bid dated October 17, 2023 or execution of the Purchase of medicines for Municipal Health Office use, with reference no. PR1103, for the Contract Price of equivalent to ONE MILLION SEVEN HUNDRED EIGHTY-SEVEN THOUSAND SEVENTY PESOS (P1,787,070.00) as corrected and modified in accordance with the Instructions to Bidders is hereby accepted.

You are hereby required to provide within ten (10) days the performance security in the form and the amount stipulated in the Instructions to Bidders. Failure to provide the performance security shall constitute sufficient ground for cancellation of the award and forfeiture of the bid security.

Very truly yours,

RONNEL U. LIM Municipal Mayor

Conforme:

MONINA LUTH A VILA LLORIN CLMA PHARMACEUTICALS

Date: NOV. 29, 2023

Republic of the Philippines LOCAL GOVERNMENT UNIT OF GUBAT Manook St., Gubat, Sorsogon

NOTICE TO PROCEED

November 17, 2023

MONINA LUTH AVILA LLORIN CLMA PHARMACEUTICALS #978 Panganiban Drive Lerma, Naga City

Dear Ma'am:

The attached Contract Agreement having been approved, notice is hereby given to CLMA PHARMACEUTICALS that work may commence on the Purchase of medicines for Municipal Health Office use, with reference no. PR1103, effectively three days after the receipt of this notice.

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement and in accordance with the Implementation Schedule.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one copy and return the other to the Local Government Unit of Gubat.

Very truly yours, I WWW U L KONNEL U. LIM Municipal Mayor

I acknowledge receipt of this Notice on wv. 29, 2023

Name of the Representative of the Bidder: MONINA LUTH AVILA LLORIN

Authorized Signature:

Supplier	;	CLMA PHARMACEUTICALS	P.O. No.	:	2430		
Address	:	Naga City	Date	:			
E-mail Address	:		Mode of Procurement				
Telephone No.	:	W (25) (11)		Public	Bidding		
TIN	:						

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery : P.O. No. :

Date of Delivery : Date :

Stock No.	Unit	DESCRIPTION	QTY.	Unit Cost	Amount
1	tablet	Aciclovir 800 mg tablet ()	150	60.00	9,000.00
2	tablet	Amlodipine 10mg ()	100000	0.55	55,000.00
3	tablet	Amlodopine 5mg tab ()	100000	0.50	50,000.00
4	drops	Amoxicillin 100 mg/ml, 15ml drops(as trihydrate) ()	500	30.00	15,000.00
5	capsule	Amoxicillin 250 mg capsule ()	2000	3.50	7,000.00
6	bottle	Amoxicillin 250 mg/5ml, 60ml suspension ()	1000	25.00	25,000.00
7	capsule	Amoxicillin 500 mg cap. (as trihydrate) ()	5000	3.00	15,000.00
8	tablet	Aspirin 80mg tablet ()	5000	2.50	12,500.00
9	tablet	Azithromycin 500mg tablet ()	1000	16.00	16,000.00
10	tablet	Biperiden 2 mg tab. ()	1000	9.00	9,000.00
11	bottled	Cefalexin 100 mg/ml,10ml oral drops bottle ()	150	35.00	5,250.00
12	bottle	Cefalexin 250mg/5ml, 60ml oral suspension bottle ()	150	50.00	7,500.00
13	capsule	Cefalexin 500mg ()	1000	6.50	6,500.00
14	capsule	Cefixime400mg ()	500	75.00	37,500.00
15	tablet	Cefuroxime 500 mg tablet ()	5000	10.00	50,000.00
16	capsule	Celecoxib 400mg tablet ()	1000	7.00	7,000.00
17	bottle	Cetirizine 1mg/ml,30ml oral solution bottled ()	100	32.00	3,200.00
18	tablet	Ceterizine 10mg ()	5000	1.50	7,500.00
19	bottle	Cetirizine 2.5 mg/ml, 10 ml oral drops bottle ()	100	30.00	3,000.00
20	tablet	Cinnarizine 25mg tablet ()	5000	1.50	7,500.00
21	capsule	Cloxacillin 500mg capsule ()	500	6.00	3,000.00

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one(1) percent for every day of delay shall be imposed.

Very truly yours,

Municipal Mayor

CLMA PHARMACEUTICALS

Signature over printed name of Supplier

№0. 24, 2025 Date

Funds Available:

Conforme;

AVA E. OBRIQUE

ALOBS. No. :

PURCHASE ORDER (SF-GOOD-58)

Local Government Unit - Gubat, Sorsogon

Supplier			. No.	: 24	30	3230 W 225				
Address		: Naga City Dat	ie.	i						
E-mail	Address		de of Pro	ocurement						
Telepho	one No.			Public Biddi	ng					
TIN		;								
Gentler	nen: Please furr	hish this office the following articles subject to	the terms	s and condit	tions contained	herein:				
	f Delivery). No.	•						
	Delivery	: Da	te	•						
Stock No.	Unit	DESCRIPTION		QTY.	Unit Cost	Amount				
22	tablet	Clozapine 100mg tab ()		1500	45.00	67,500.00				
23	tablet	Clozapine 25 mg tab ()		1500	44.00	66,000.00				
24	bottle	Co-Amoxiclav(Amoxicillin+ Clavulanic) 200mg + 2 ml 70ml oral suspension bottle ()	28.5 mg/5	300	194.00	58,200.00				
25	tablet	Co-Amoxiclav(Amoxicillin+clavunic acid) 400mg + 57mg/5ml,70 ml oral suspension bottle ()	+	300	105.00	31,500.00				
26	bottle	Co-Amoxiclav(Amoxicillin+ Potassium Clavulanate + 125 mg tablet ()	e) 500mg	15000	12.00	180,000.00				
27	tablet	Enalapril 5 mg tablet ()		10000	5.00	50,000.00				
28	sachet	Fosfomycin 3 g oral granules sachet ()		50	250.00	12,500.00				
29	tablet	gliclazide 30 mg modified release tablet ()		10000	1.50	15,000.00				
30	tablet	Gliclazide 80mg ()		10000	2.00	20,000.00				
31	tablet	Haloperidol 5 mg tab. ()		5000	3.00	15,000.00				
32	bottle	Hydralazine 20mg/ml, 1 ml solution for injection ()		10	190.00	1,900.00				
33	tablet	hyoscine 10 mg tablet ()		200	8.00	1,600.00				
34	bottle	Ibuprofen 200mg/5ml,60ml oral suspension ()		200	48.00	9,600.00				
35	tablet	Ibuprofen 400mg tab ()		10000	2.00	20,000.00				
36	bottle	Lagundi [Vitex Negundo l.(fam. Verbenaceae)] 300 120mL ()	mg/5mL,	200	48.00	9,600.00				
37	tablet	Lagundi [vitex negundo l.(fam.verbenaceae)] 600m	g tablet ()	2000	3.50	7,000.00				
38	tablet	Losartan 50 mg tab ()		10000	2.50	25,000.00				
39	bottle	Magnesium sulfate 250 mg/ml,202ml solution for it viel ()	njection	10	160.00	1,600.00				

Very truly yours,

mmul4n' RONNEL U. LIM Municipal Mayor

Conforme;

Signature over printed name of Supplier

NOV . 29, 223 Date

Funds Available:

ALOBS. No.

Amount

AVA E. OBRIOUE

Local Government Unit - Gubat. Sorsogon

Supplie	er	: CLMA PHARMACEUTICALS	P.O. No.		2430	
Address		: Naga City Date		:		
E-mail	E mail Address		Mode of Pr	rocuremen	t	HIT (15 * 5) do is o
	one No.	•		Public Bid		
TIN		* HOMER CONTROL AND ADDRESS OF HE HE HE HE STATE ADDRESS OF HE		. 45.15		
Gentle	man:				10 1 10 10 10 10 10 10 10 10 10 10 10 10	
		ish this office the following articles subjec	t to the term	is and cond	litions containe	d herein:
	of Delivery		P.O. No.			u nerem.
		i and the second		* ************		
	f Delivery		Date			
Stock No.	Unit	DESCRIPTION		QTY.	Unit Cost	Amount
40	tablet	Mefenamic Acid 500mg tablet ()		10000	2.00	20,000.00
41	tablet	Metformin 850mg ()		15000	2.50	37,500.00
42	tablet	Methyldopa 250 mg tab. ()		2700	7.00	18,900.00
43	tablet	Metoprolol 50 mg tablet ()		20000	1.00	20,000.00
44	bottle	Metronidazole 125mg/5ml, 60ml oral suspension	on bottle ()	50	49.00	2,450.00
45	tablet	Metronidazole 500mg tablet ()		5000	2.00	10,000.00
46	tablet	Multivitamins tablets ()		15000	1.50	22,500.00
47	tablet	Olanzapine 10 mg orodispersible tablet ()		5000	6.30	31,500.00
48	capsule	Omeprazole 20 mg capsule ()		5000	2.00	10,000.00
49	sachet	Oral Rehydration Salt (75-replacemnet) 20.5 g of sachet ()	ral powder	1500	3.50	5,250.00
50	bottle	Oxytocin 10 I.U./ml ,1ml solution for injection a	impule ()	200	20.00	4,000.00
51	bottle	paracetamol 100 mg/ml 15ml oral drops bottle)	500	20.00	10,000.00
52	bottle	Paracetamol 250mg/5ml,60ml oral suspension b	ottle ()	1000	24.00	24,000.00
53	tablet	Paracetamol 500 mg tablet ()		50000	0.75	37,500.00
54	bottle	Phytomenadione (phytonadione, vitamin k1) 10n solution for injection ampule ()	ng/ml, 1ml	10	95.00	950.00
55	tablet	Risperidone 2mg tab ()		10000	3.15	31,500.00
56	bottle	Salbutamol 100mcg/dose, 200 actuations breath metered dose inhaler ()	actuated	200	146.50	29,300.00
57	bottle	salbutamol 2 mg syrup, 60ml ()		150	22.00	3,300.00
58	tablet	Tranexamic Acid 500 mg cap. ()		500	15.00	7,500.00

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one(1) percent for every day of delay shall be imposed.

Very truly yours,

Municipal Mayor

Conforme;

CLMA PHARMACEUTICALS

Signature over printed name of Supplier

NOV. 29, 223 Date

Funds Available:

Amount

AVA E. OBRIQUE

ALOBS. No.

Supplier		:	CLMA PHARMACEUTICALS (/) P.0	O. No.	:		293	Δ	
Address			Naga City Da	ite	:				
E-mail	Address			ode of Pr	ocui	rement			
Teleph	ione No.	:			Put	olic Bid	ding		
TIN		•						V-VI-711-111-111-111-11	
Gentle		isl	h this office the following articles subject to	the term	s an	d cond	lition	s containe	d herein:
Place of Delivery		į	: P.O. No. :						
Date o	Date of Delivery		: Date :						
Stock No.	Unit	Ī	DESCRIPTION		(QTY.	U	nit Cost	Amount
59	tablet	-	Trimetazidine 35mg tablet ()			5000		4.00	20,000.00
60	bottle	*	(5lf)/0.5ml,0.5ml suspension for injection ampule ()		500	1	63.00	31,500.00
61	bottle	*	Vaccine, rabies Vero cell (purified) 2.5 IU/0.5 ml vial=diluent(perdose) ()			31		1,570.00	48,670.00
62	tablet		Valsartan 80mg film coated tablet ()			5000		18.50	92,500.00
63	capsule		Vitamin B1 B6 B12 100mg + 5mg +50mcg capsule ()			50000		1.00	50,000.00
64	tablet		Combined oral Contraceptive pills (Ethinylestradiol levonorgestrel 30mcg = 150 mcg with ferrous fumar tablet) ()			13100		2.40	31,440.00
65	tablet		Rifampicin + Isoniazid tablet(150mg/75mg) ()		<u>†</u>	16800		8.95	150,360.00
66	tablet		Rosuvastatin 20 mg tablet ()		1	10000		6.30	63,000.00
67	tablet	1	Divalproex sodium(sodium valproate=valproic acid extended release tablet ()) 250 mg		5000	ĺ	6.00	30,000.00
			NE MILLION SEVEN HUNDRED EIGHTY SEV SOS ONLY	EN THO	USAI	ND SEV	VENT	Υ	1,787,070.00

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one(1) percent for every day of delay shall be imposed.

Very truly yours,

Conforme;

Signature over printed name of Supplier

NOV. 24, 2023

Date

Funds Available:

ALOBS. No.

:

Municipal Mayor

Republic of the Philippines LOCAL GOVERNMENT UNIT OF GUBAT

Manook St., Gubat, Sorsogon

CONTRACT FORM

THIS AGREEMENT made this 16th day of November, 2023 between **THE LOCAL GOVERNMENT UNIT OF GUBAT** of the Philippines (hereinafter called "the Entity") of the one part and **CLMA PHARMACEUTICALS** (hereinafter called "the Supplier") of the other part:

Whereas the Entity invited Bids for certain goods, viz., Purchase of medicines for Municipal Health Office use, with reference no. PR1103, and has accepted a Bid by the Supplier for the supply of those goods and services in the sum of ONE MILLION SEVEN HUNDRED EIGHTY-SEVEN THOUSAND SEVENTY PESOS (₱1,787,070.00) hereinafter called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

- 1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
- 2. The following documents shall be deemed to form and be read and construed as part of this Agreement, viz.:
- (a) the Bid Form and the Price Schedule submitted by the Bidder; and
- (b) the Entity's Notification of Award.
- 3. In consideration of the payments to be made by the Entity to the Supplier as hereinafter mentioned, the Supplier hereby covenants with the Entity to provide the goods and services and to remedy defects therein in conformity in all respects with the provisions of the Contract.
- 4. The Entity hereby covenants to pay the Supplier in consideration of the provision of the goods and services and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of the contract at the time and in the manner prescribed by the contract.

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with the laws of the Republic of the Philippines on the day and year first above written.

Signed, sealed, delivered to RONNEL U. LIM., the MUNICIPAL MAYOR of the LOCAL GOVERNMENT UNIT OF GUBAT (for the Entity)

Signed, sealed, delivered by MONINA LUTH AVILA LLORIN, authorized representative of the CLMA PHARMACEUTICALS, (for the Supplier)

Binding Signature of PROCURING ENTITY

RONNEL U. LIM Municipal Mayor

2 2023

Representative SIGNED IN THE PRESENCE, OF: REPUBLIC OF THE PHILIPPINES))S.S. **ACKNOWLEDGEMENT** Before me, Notary Public for and in the Municipality of Gubat, personally appeared RONNEL U. LIM, with Community Tax Certificate No. at Gubat, Sorsogon in his capacity as Municipal Mayor issued on representing the Municipality of Gubat and CLMA PHARMACEUTICALS, represented by MONINA LUTH AVILA LLORIN, with TIN No. 926-306-012-000, to me and known to me to be the same persons who executed the foregoing CONTRACT AND AGREEMENT for Purchase of medicines for Municipal Health Office use, with reference no. PR1103, and they acknowledge to me are their true act and deed for and in behalf of the parties they represent. This instrument consists of two pages including this page on which the acknowledgment is written duly signed by the contracting parties and their witnesses at the bottom of the instrument on the left margin of other page. IN WITNESS WHEREOF, I hereby affixed my signature and seal this _____ day of ______, 2023. Notary Public Doc. No. 303 Page No. 77 Book No. VIN Tician Public Upril December 31, 2023 Series of 2023. TR No. \$889987, 01/06/2023, Ligao Cin IBF No. 292614, 01/0 2023, Albay Roll of Atty. No. 1571

MCLE Compliance No. VI-0005939

Binding Signature of Supplier